



ROBERT G. MONTGOMERY
Franklin County Recorder

Organ & Tissue Donation

INSTRUCTIONS FOR MAKING AN ANATOMICAL GIFT
(Organ or Tissue Donation)

1. Insert your full legal name in the first blank on the donation card.
2. Under Ohio law, the following may be donees of an anatomical gift: hospitals; surgeons; physicians; Ohio nonprofit recovery agencies (organ procurement organizations, eye banks and tissue banks); and accredited medical or dental schools, colleges, or universities. In the second blank on the donation card, insert the name of the donee to whom you wish to make an anatomical gift. For organ, tissue and eye donation, the local recovery agencies will facilitate the gift if a donee is not named on the donation card.
3. In the third blank on the donation card insert the name(s) of any and all organs/tissues you wish to donate. If you wish to donate all organs/tissues, insert the term "all body parts" on this line. Organs/tissues that may be donated include, but are not limited to, the liver, kidneys, heart, heart valves, lungs, pancreas, digestive organs, eyes, corneas, skin, middle ear, vertebral bodies, long bones and hips (fascia, ligaments), ribs, veins, humerus, brain, and other bones and ligaments.
4. Under Ohio law, an anatomical gift may be used for transplantation, therapy, research, education, or advancement of medical or dental science. All of these uses are listed on the donation card. If any of these uses is not acceptable to you, you should mark through the use or uses to which you object.
5. You must sign and date the donation card and insert your date of birth and the city and state in which the donation card is signed in the presence of two witnesses. If you are not able to sign the donation card, it may be signed for you at your direction in the presence of two witnesses who have no affiliation with the donee.

6. Each of the two witnesses present at the time you sign the donation card also must sign the donation card in your presence. The card does not need to be notarized.
7. If you are under the age of 18, your parent or guardian must sign the donation card as one of the witnesses.
8. Carry your donation card near your license or state identification card in your purse or wallet where it easily can be found. Register your decision about organ/tissue donation with the Bureau of Motors Vehicles (BMV) when you renew your driver's license. Your driver's license then will reflect your decision and your decision will be on file with the BMV
9. Share your decision to make an anatomical gift with your family and loved ones. Discussing your wishes ahead of time will avoid unnecessary pressure on your family during a very difficult time and allow them to affirm your decision to donate if documentation is not readily available.

For more information contact your local organ procurement organization:

Lifeline of Ohio

770 Kinnear Rd. Suite 200
Columbus, OH 43212
(614) 291-5667
(800) 525-5667
www.1ifelineofohio.org

LifeBanc
20600 Chagrin Blvd., Suite 350
Cleveland, OH 44122-5343
(216) 752-5433
(800) 558-LIFE
www.1ifebank.org

Life Center

2925 Vernon Place, Suite 300
Cincinnati, OH 45219-2425

(800) 981-5433

www.1ifecont.org

Life Connection of Ohio

Dayton Regional Office

40 Wyoming St.
Dayton, OH 45409
(937) 223-8223
(800) 535-9206
www.1ifeconnectionofohio.org

Life Connection of Ohio

Toledo Regional Office

1545 Holland Rd., Suite C
Maumee, OH 43537-1694
(419) 893-1618
(800) 262-5443
www.lifeconnectionofohio.org

ANATOMICAL GIFT OF

[Print or type name of Donor] ("Donor")

In the hope that I may help others upon my death, I hereby make the following anatomical gift as written and specified below, if medically acceptable, to take effect upon my death. In making this anatomical gift, I understand and acknowledge that this anatomical gift card constitutes a legal document under the Uniform Anatomical Gift Act and/or similar laws.

I hereby give and donate to

("Donee")

[Please specify all organs/tissues you wish to donate or indicate "all body parts"]

[Please specify all organs/tissues you wish to donate or indicate all body parts.]

for any purpose authorized by law: transplantation, therapy, research, education, or advancement of medical or dental science.

[Please mark a line through any purpose(s) that are not acceptable to you.]

Signed by the Donor and the following two witnesses in the presence of each other:

(Signature of Donor)

(Date of Birth)

(Date Signed)

(City & State)

(Witness)

(Witness)

[If Donor is under the age of 18, one of the witnesses must be his/her parent/legal guardian.]

This is a legal document under Ohio law and the Uniform Anatomical Gift Act or similar laws.